

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90001 012 ***158.75

DOCUMENT # P01000007149



1. Entity Name
ADAMS, CONAN & KLINKBEIL, P.A.

Principal Place of Business
**320 N. MAGNOLIA AVE.,
STE B-8
ORLANDO, FL 32801**

Mailing Address
**320 N. MAGNOLIA AVE.,
STE B-8
ORLANDO, FL 32801**

54062989



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3692494

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONAN, MARK
320 N. MAGNOLIA AVE. SUITE A-8
ORLANDO, FL 32801**

B-8

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CONAN, MARK
320 N. MAGNOLIA STE B-8
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ADAMS, RICHARD
320 N. MAGNOLIA STE B-8
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KLINKBEIL, WAYNE
320 N. MAGNOLIA STE B-8
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark C*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/04

407 872-0307

Attachment 34062989
Doc. # P01000007149

**LAW OFFICES
OF
ADAMS & CONAN, P.A.**

320 N. Magnolia Ave.
Suite B-8
Orlando, FL 32801
Telephone (407) 872-0303
Facsimile (407) 872-0331

July 15, 2004

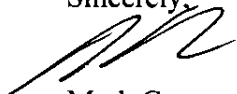
Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Adams & Conan, P.A.
Reference #: P01000007149

Dear Sir or Madam:

This is the first notice I received for Corporation Filing Fees. I believe the problem is that the Notice was sent to suite A-8 instead of B-8. I saw this mistake when I pulled the Annual Report from the Internet. Enclosed is a check for \$158.75 (Certified Report). Should you have any questions or are unable to waive the late fee, do not hesitate to call.

Sincerely,



Mark Conan, Esq.

RA/ca